



City of Long Beach
Working Together to Serve

HUD SECTION 3 BUSINESS APPLICATION

Please complete **ALL** portions of this application. Be sure to complete **BOTH** sides. Upon verification, the information requested below will be included in a City database of Businesses interested in doing business with the City of Long Beach, and participating in future HUD Section 3 projects. We will use this database to notify you of upcoming opportunities. You may attach additional information to this application if necessary.

(PLEASE PRINT ALL INFORMATION)

Contact Name: _____ Title: _____

Company Name: _____

Address: _____
Number and Street

City

State

Zip Code

Telephone: _____ Fax: _____

Was your business formed in accordance with State law, and licensed to engage in the type of business activity for which it was formed? ____ Yes ____ No

Service(s)/Product(s) you are licensed to provide:

Is your company currently a HUD Section 3 Business or is willing to participate as a HUD Section 3 Business (based on the definition on the attached flyer)?

____ Yes ____ No

If yes, please explain how (attach additional sheets if necessary):

Are you currently registered as a supplier with the City of Long Beach's Purchasing Division? ____ Yes ____ No

If yes, please provide your vendor number:

If no, please visit the Purchasing Division website at: www.longbeach.gov/purchasing to register with "Bids online." If you need assistance with the online registration process or do not have access to a computer, please call (562) 570-6361. **(TURN OVER)**

Has your business ever participated in a HUD Section 3 Project? _____Yes _____No

If yes, please describe (attach additional sheets if necessary):

The questions below are optional.

What is the composition of Ownership? (The person(s) who own more than 51% of the organization).

Ethnicity (optional):

Gender (optional):

Is your company certified as a disadvantaged business enterprise (optional)? _____Yes _____No

Is your company certified as a **Minority-owned** and/or **Women owned Business Enterprise** (optional)?
(Please check all that apply) _____MBE _____WBE _____No

What is the name of the certifying agency?

I, THE UNDERSIGNED, ON BEHALF OF THE COMPANY HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME SIGNATURE DATE

TITLE (OFFICER OR AUTHORIZED AGENT) COMPANY NAME

If you have any questions or need assistance completing this application, please contact Patrice Henderson by phone at (562) 570-6037 or email at Patrice.Henderson@longbeach.gov or Jesse B. Johnson, Jr. by phone at (562) 570-6462 or email at jesse_johnson@longbeach.gov.

PLEASE RETURN APPLICATION TO:

Patrice Henderson
City Hall, Community Development
Diversity and Economic Opportunity Division
333 W. Ocean Blvd. 3rd Floor
Long Beach, CA 90802

or

Fax to: 562-570-5072